Clean Watersheds Needs Survey 2008

SMALL COMMUNITY (POPULATION <10,000) NEEDS FORM

Step 1: Basic Facility/Project Information

This step asks you to identify basic facility/project information for your community's facility/project including location, point of contact, type of facility/project, flow, and population. Add additional pages, if necessary.

Step 2: Needs and Costs Information

Identify any water quality or public health-based capital needs and costs that are not already described in Step 2. Submit the portion of the needs not funded by January 1, 2008. They can include estimates for new infrastructure, sustaining current infrastructure, and/or meeting future growth needs (through December 31, 2027).

Submit a copy of documentation describing your community's new needs and costs, such as: (See Appendix 1 for a complete list of acceptable documents to justify needs and costs):

- For unsewered communities: signed statement from the health department citing onsite wastewater treatment system failure, water quality problem, and/or violations of safe drinking water standards.
- Application for funding (e.g. USDA Rural Development, US EPA, and state grants and loans; Clean Water State Revolving Fund loans)
- Capital Improvement Report
- Preliminary engineering study or Plan of Study
- General Plan or Facilities Plan
- Preliminary or Final Engineer's Estimate
- Sewer System Evaluation Documents
- Administrative Orders, Court Orders, or Consent Decrees
- National Pollutant Discharge Elimination System (NPDES) permit or State Permit (with Schedule)
- CSO Long-Term Control Plan (LTCP)

Alternative: If you do not have sufficient documentation, complete the tables and questions in Step 2 to document new capital needs and costs in your community. Signature Box #2 must be completed to certify the new needs and cost.

Return the completed form to:

State CWNS Coordinator:
Fax:
Address:

Phone:
Email:

Step 1: Basic Facility/ Project Information

Facility/ Project Name:					
The facility is part of the following system:					
Organization responsible for facility/project:					
Point of Contact		**Role/ Title**			
Address					
City		**State**		**Zip Code**	
Phone		**Fax**			
Email					
Permit Number(s):					
County:					

Facility/ Project Type

Choose the appropriate descriptors from the list Appendix 2 to complete the columns "Type" and "Planned Changes." Indicate whether the facility/project is "Present" or "Projected" by placing a check mark in the appropriate column(s).

Type	Present	Projected	Planned Changes

Does this facility discharge to another facility (ies)? Yes ☐ No ☐
If yes, name facility(ies): _____

Flow Information

Complete for following facility/ project types: Treatment Plant, Treatment Lagoon or Pond, Collection: Combined Sewers, Collection: Separate Sewers, Collection: Interceptor Sewers, Collection: Pump Stations, Storage Facility, Biosolids Handling Facility, Individual On-Site System Area, Decentralized, and Treatment System.

	Millions of Gallons per Day (MGD)		
	Existing	Present Design	Future Design
Municipal Flow			
Industrial Flow			
Infiltration from Groundwater			
Total Flow			
Wet Weather Flow (Peak)			

Population Receiving Treatment

Complete for following facility/ project types: Treatment Plant, Treatment Lagoon or Pond, Collection: Combined Sewers, Collection: Separate Sewers, Collection: Interceptor Sewers, Collection: Pump Stations, Storage Facility, Biosolids Handling Facility, Individual On-Site System Area, Decentralized, and Treatment System.

	Resident Population			Non- Resident Population*		
	Present	Projected	Projected Year	Present	Projected	Projected Year
From this system						
From upstream collection system(s)**						
Total Receiving Collection						
Cluster Systems						
Onsite Wastewater Treatment Systems						
Total						

* The portion of the population that does not live within the services area of the facility, but still utilizes the facility's infrastructure. Non-resident population includes transient, seasonal, and commuter workers and tourists.
** "From upstream collection systems" describes the total population whose wastewater is discharged to this facility from other facilities upstream in the sewershed.

Step 2: Needs and Costs Information

Identify any water quality or public health-based capital needs. Needs must exist as of January 1, 2008 and are a cost estimate to sustain current infrastructure and meet the future needs (through December 31, 2027) due to population growth.

To complete:

- NEEDS: Identify the category(ies) of needs applicable for your community. Definitions of each the needs categories are available at www.epa.gov/cwns/cwns2008.htm.
- REASON: Mark the reason (public health problem [PH], water quality problem [WQ], or both).
- DESCRIPTION: Describe the needs and project benefits in as much detail as possible:
  - Provide units if applicable) (e.g., length of sewer, capacity of pump, NPS or stormwater best management practices, etc).
  - Include discharge BOD limits and nutrient removal practices for Secondary and Advance Treatment needs
  - Include a description of the environmental benefits of the project/facility
  - Identify the target implementation year and projected end year of needs
- COSTS: If available, provide cost information for each need. Indicate the source (document name) and the base month and year of the cost information. Attach a copy of the source document. If no cost information is available, indicate NA in cost column.
- Add additional pages, if necessary.

NEEDS	REASON	DESCRIPTION	COSTS
Secondary Treatment (including sludge handling/disposal)	PH □ WQ□		
Advanced Wastewater Treatment	PH □ WQ□		
Infiltration/Inflow Correction	PH □ WQ□		
Sewer Replacement/ Rehabilitation	PH □ WQ□		

NEEDS	REASON	DESCRIPTION	COSTS
New Collector Sewers	PH □ WQ□		
New Interceptor Sewers	PH □ WQ□		
Stormwater Management Programs	PH □ WQ□		
Cluster Systems (Decentralized)	PH □ WQ□		
Onsite Wastewater Treatment Systems (Decentralized)	PH □ WQ□		
Nonpoint Source Pollution Control[1] (Please specify)	PH □ WQ□		
Other	PH □ WQ□		

[1] Nonpoint Source (NPS) Pollution Control includes activities that prevent water pollution due to agriculture, silviculture, resource extraction, activities at marinas, storage tanks, and sanitary landfills. It also includes projects that prevent or mitigate negative impacts to ground water and stream bank channels.

OPTIONAL COST CALCULATION FOR SEWER REPLACEMENT/ REHABILITATION COSTS

*Note: This section of the Small Community Survey is OPTIONAL. If you did not provide cost information for **Sewer Replacement/ Rehabilitation needs** identified in the previous table, this information will allow your state and EPA to better estimate costs associated with your needs.*

Provide the current sewer length and estimated replacement rates for sewers in your community. Note: the maximum replacement rate allowable without supporting documentation is 10% over 20 years (0.5% per year).

Sewer Diameter	Length (feet)	Rehabilitation Rate (in % over next 20 years)	Replacement Rate (in % over next 20 years)	Comments
≤8”				
9”-15”				
16”-21”				
≥22”				

SIGNATURE BOX #2

Needs Certification

As the local official representing this community, I agree that the water quality needs and technical information described herein is accurate for this community. Note: A local official can be an elected official (e.g., mayor) or other qualified official (e.g., public works manager).

Name:	
Title:	
Signature:	Date:

Cost Certification

There are three alternatives to estimate the costs, presented in order of preference:

1. A professional engineer (PE) signs the cost certification below.
2. A local government official signs the cost certification below and a State Professional Engineer (PE) certifies the cost as reasonable after reviewing the estimate.
3. No cost certification signature is provided; cost curves will be used, if possible, to generate estimated costs. To use cost curves for sewer replacement/ rehabilitation costs, complete the Alternative Cost Calculation for Sewer Replacement Costs box above.

I certify that to the best of my knowledge the cost of the community's clean water needs described herein are accurate.

Name:	
Title:	
Professional Engineer (PE): Yes ☐ No ☐	
Signature:	Date:

TO BE COMPLETED BY STATE

State Professional Engineer (PE) (Signature):	Date:

Only needed if cost certification signature is not from a professional engineer (PE)
Note to State: ***State engineers should not calculate community’s costs, only validate them.***

Appendix 1: List of Acceptable Documents for CWNS 2008

All Types of Needs	Used to Justify Needs	Used to Justify Costs
Intended Use Plan	Y	Y
State and Federal Loan and Grant Applications	Y	Y
CWSRF Loan Applications	Y	Y
Non-governmental Grant Applications	Y	Y
Cost of Previous Comparable Construction	N	Y
State-Approved Area-wide or Regional Basin Plan	Y	Y
State-Approved Local Comprehensive Water and Sewer Plan	Y	Y
Total Maximum Daily Load (TMDL)	Y	N*
National Estuary Program Comprehensive Conservation and Management Plan	Y	N*
Nutrient Criteria Studies	Y	N
Impaired Waters or TMDL Listing	Y	N
Wastewater Facility Needs		
Capital Improvement Plan (CIP)	Y	Y
Facility Plan	Y	Y
Preliminary Engineer's Estimate	Y	Y
Final Engineer's Estimate	Y	Y
Sewer System Evaluation Documents	Y	Y
Diagnostic Evaluation	Y	Y
Sanitary Survey	Y	N
State-Approved Municipal Wasteload Allocation Plan	Y	Y
New Municipal, State, or Federal Regulation	Y	N
Administrative Orders, Court Orders, or Consent Decrees	Y	N
NPDES or State Permit Requirement (with Schedule)	Y	N
CSO Long-Term Control Plan (LTCP)	Y	Y
Approved CSO Long-Term Control Plan (LTCP)	Y	Y
CSO Cost Curve Needs	n/a	Y
NPS Needs		
Watershed-Based Plans	Y	Y
Section 319 Funded or EPA Reviewed Watershed-Based Plans	Y	Y
Approved State Annual 319 Workplans	Y	N*
Approved State 319 Project Implementation Plans	Y	Y
Nonpoint Source Management Program/Assessment Report	Y	N*
Nonpoint Source Management Program/Ground Water Protection Strategy Report	Y	N*
Nonpoint Source Management Program/Wellhead Protection Program and Plan	Y	N*
Nonpoint Source Management Program/Delegated Underground Injection Control Program Plan	Y	N*
Source Water Assessment/Source Water Protection Plans	Y	N
NRCS Conservation Plans and Farm Plans	Y	N*
Electronic Field Office Technical Guide (eFOTOG)	N*	Y
State/Federal Agricultural Cost-Share Program Cost Tables	N	Y
Professional Appraisals	N	Y
Stormwater Needs		
Municipal Stormwater Management Plan	Y	N*
Small Communities		
Information from an Assistance Provider	Y	N

*With exceptions

Appendix 2: Facility/Project Types Information

Use for updating the table “Facility/Project Type” in Step 1.

Facility/Project Types

1. Treatment Plant
2. Treatment Lagoon or Pond
3. Collection: Combined Sewers
4. Collection: Separate Sewers
5. Collection: Interceptor Sewer
6. Collection: Pump Stations
7. Storage Facility
8. Biosolids Handling Facility
9. Recycled Water Distribution
10. Individual On-Site System Area
11. Decentralized System
12. Facility Classified As 'Other' 7
13. Phase I MS4
14. Phase II MS4
15. Non-traditional MS4
16. Unregulated Community (Stormwater)
17. Nonpoint Source-Agriculture - Cropland
18. Nonpoint Source-Agriculture - Animals
19. Nonpoint Source-Silviculture
20. Nonpoint Source-Urban
21. Nonpoint Source-Marinas
22. Nonpoint Source-Resource Extraction
23. Nonpoint Source-Brownfields
24. Nonpoint Source-Storage Tanks
25. Nonpoint Source-Sanitary Landfills
26. Nonpoint Source-Ground Water - Unknown Source
27. Nonpoint Source-Hydromodification
28. Confined Animals(Point Source)
29. Mining (Point Source)
30. Estuary Management
31. TMDL Plan Development
32. Watershed Management Plan Development

Planned Changes

1. No Change
2. New
3. Increase Capacity
4. Increase Level Of Treatment
5. Rehabilitation
6. Replacement
7. Abandonment
8. Expansion
9. Process Improvement
10. Instrumentation/Electrical/Laboratory